



Application for Vacant Planning Commission Seat Term 4 Year or 2 Year Period

Application Deadline December 31st, 2019 by 5:00 PM

APPLICANT INFORMATION:

Name: _____

Address: _____
Street City State Zip Code

Telephone Number: _____

Email Address: _____

QUALIFICATIONS:

I certify that I meet the following Qualifications:

I am a citizen of the United States. ☐ Yes ☐ No

I am a registered voter in the Town of Apple Valley. ☐ Yes ☐ No

I have been a resident of the Town of Apple Valley or a resident of a recently annexed area of the Town of Apple Valley for the previous twelve (12) months. ☐ Yes ☐ No

I have not been convicted of a felony. ☐ Yes ☐ No

CERTIFICATION OF APPLICANT:

PLEASE READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING.

I certify that all statements made in this application are true and complete and understand that any misrepresentation of material fact in this document or during an interview may subject me to disqualification.

I understand that information provided on this application is a public record and authorize the Town of Apple Valley to release the information contained herein.

Applicant's Signature

Date